

CLAIMS ONLY								Application Number 10722935		Filing Date			
								Applicant(s)					
								* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend							
1	/							51					
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49								99					
50								100					
Total Indep		/						Total Indep					
Total Depend	12							Total Depend					
Total Claims	13							Total Claims					